2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 08:00 AN Secretary of State

DOC	JMEI	VT #	G65872
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1. Entity Name

HEAT-PIPE TECHNOLOGY, INC.



Principal Place of Business

Mailing Address

4340 NE 40TH AVE GAINESVILLE, FL 32609 **4340 NE 40TH AVE** GAINESVILLE, FL 32609

US



04282008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2342253

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DINH, KHANH 7819 NW 22ND LANE GAINESVILLE, FL 32605

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

ELLE MOWNII ERE IS \$150 NO

9. Election Campaign Financing

\$5.00 May Be

After Ma	ay 1, 2008 Fee will be \$550.00 Trust Fund Contribution		
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DINH, KHANH 7819 NW 22ND LANE GAINESVILLE, FL	1000000941804 05728708-80123-003 158:7	75; .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKE, THOMAS 2455 SOUTHEAST 40TH PLACE OCALA, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, RICHARD 1110 NE 3RD STREET GAINESVILLE, FL 32601	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DINH, HONG 7819 NW 22ND LANE GAINESVILLE, FL	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, DAN 1123 SE 4TH ST GAINESVILLE, FL 32601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, JOSE 1470 NW 107TH AVE MIAMI, FL 33172	Approximate a contributed in Chapter 110. Elevido Statuted Liuther continue the information	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/28/08